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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\*If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 20, enter "20."

\*\*TOTAL OR ADDIT. FEE OR ADDIT. FEE

TIONAL FEE TIONAL RATE FEE X\$ 9= X\$18= OR X40= X80= OR +270=

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